2027 Required Documents to Upload Checklist

Centers in their full accreditation year must upload several types of documents to comply with accreditation criteria. The checklist below is broken out by document type and includes helpful reminders to avoid common pitfalls centers encounter when submitting these documents. If you have any questions regarding uploading required documents, please contact NAEC at (202) 800-7074 or info@naec-epilepsy.org.

CVs

- Upload all required CVs to the CVs subfolder.
- If you uploaded CVs in a prior year, these are still in your center's CVs folder. Check to ensure that the **uploaded CVs match the names of the individuals listed in your center's 2027 Center Annual Report.**
- Each file must be **uploaded as a separate document with a descriptive name** (e.g. CV Medical Director or CV – Dr. Smith).

CV Type	Uploaded?	CV Matches Name in Center Annual Report?
Medical Director		
Second Epileptologist (not necessary for level 3)		
Pediatric Epileptologist (if necessary)		
Neurosurgeon (not necessary for level 3)		
Neuropsychologist		

EMU Caring Certificate

- Upload EMU Caring certificates to the EMU Caring subfolder.
- If you uploaded certificates in a prior year, these will still be in the EMU Caring folder. Check to ensure that the **uploaded certificates match the names of the individuals listed in your center's 2027 Center Annual Report.**
- More information on EMU Caring is available on the NAEC website.
- If your personnel did not receive a certificate upon completion of the training program, enter their names in the Center Annual Report. NAEC will verify completion with AES, who runs the program.

EMU Caring Certificate	Uploaded?	Names match the Center Annual Report?
Epileptologist		
Nurse or Tech		

Referral Arrangement Letter (Level 3 Centers Only)

- Upload signed letter verifying referral relationship with a level 4 center to the Referral subfolder that is signed by both level 3 and 4 center medical directors.

Document	Uploaded?
Referral Arrangement Letter	

- Please review Sample Documents here - see tab at top of page called sample documents.
- A pediatric level 3 center that resulted from the split of a level 4 adult/pediatric NAEC accredited epilepsy center may list the level 4 adult center as its referral partner. The referral agreement letter must confirm that the adult level 4 center has the necessary services and resources to treat pediatric patients.

Patient Reports

- **All patient reports must be from 2026 (except for comprehensive intracranial VEEG reports and implantation reports for extraoperative monitoring, which are from 2026 and the past two prior years. See instructions below).**
- Upload all required reports to the Patient Reports subfolder.

- Each report must be **uploaded separately with a descriptive name** to aid reviewers (e.g. EMU Report1 or MRI Report).
- **De-identify** all information provided to NAEC in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For additional information on the requirements for HIPAA compliance see Attachment 4. **Remove all dates (except the year) from your reports,** including dates of services, dates of past services, and the dates the physician signs the report. Also remove all order numbers that can be tied to a specific patient.
- Centers may submit different types of reports for the same surgical patient or for multiple surgical patients to meet the requirements.

Report Type	Number of Reports	Notes	Uploaded?
EMU vEEG	Level 3: 2 Level 4: 5	• Upload the vEEG summary report generated during each patient's EMU hospitalization. • All patient reports must be from patients admitted in the same month in 2026. When uploading the reports, you are attesting that these reports came from the same month. Do not leave anything in the report that identifies the month. • *Pediatric centers: at least 1 report must be a pediatric EMU vEEG report on a patient under the age of 2.* • Some centers with ABRET-LTM accreditation do not need to upload vEEG reports. NAEC is phasing out this exemption: only currently-accredited centers that received ABRET-LTM accreditation or reaccreditation before July 1, 2024 are exempt from uploading vEEG reports.	
Intracranial vEEG	6	• Level 4 centers must submit 1 comprehensive intracranial VEEG report and 6 implantation reports for extraoperative monitoring from 2024 through 2026, including at least one report from 2026. • Some centers with ABRET-LTM accreditation with invasive monitoring do not need to upload intracranial reports. NAEC is phasing out this exemption: only currently-accredited centers that received ABRET-LTM accreditation or reaccreditation before July 1, 2024 are exempt from uploading these reports. • **Level 3 centers do not need to upload these reports.**	
MRI	1	• Report must reflect expertise in epilepsy signed/approved by the neuroradiologist listed in the Center Annual Report. MRI report must include a statement and/or technical description of the epilepsy-specific protocol followed. If the MRI report does not include this information, centers must upload a separate MRI protocol document outlining their technical process.	
PET, SPECT, or MEG	1	• Either a PET, SPECT, or MEG report reflecting expertise in epilepsy. • **Level 3 centers do not need to upload this report.**	
Neuropsych	1	• Neuropsychology report for evaluation of epilepsy.	
Operative	1	• Report for any resective or ablative surgery that must be signed by the neurosurgeon at their hospital listed in the Center Annual Report. • **Level 3 centers do not need to upload this report.**	
Neuromodulatory Devices	1	• Operative report for placement of VNS, RNS or DBS. • **Level 3 centers do not need to upload this report.**	
Epilepsy Surgical Patient Management Conference	1	• Upload summary of 1 Epilepsy Surgical Patient Management Conference. Minutes should include attendees, including the epileptologist, neurosurgeon, neuroradiologist, and neuropsychologist; a summary of tests reviewed; treatment options discussed; and the final decision. • **Level 3 centers do not need to upload this report.**	

Admission Order Set

Please upload an admission order set.

Document	Uploaded?
Order Set	

- A typical order set may include:
  - Safety measures: e.g. bedside rails, suction equipment, oxygen
  - Rescue medications for prolonged/frequent seizures: both IV and non-IV medication
  - Who to call if seizures increase in frequency or duration, and parameters for when to call
  - Fall precautions/activity restrictions

Protocols

- Upload all required protocol documentation to the Protocols subfolder.
- If you uploaded protocols in the past, they are still in your center's Protocols folder. **NAEC is providing greater guidance on the key elements to be included in center protocols. Centers should evaluate their protocols to see that they meet NAEC's updated criteria.**
- NAEC provides sample protocols which are on the Accreditation Tools (see sample documents tab at top of page of the NAEC website that can be tailored to your center. Centers can use the sample protocols available on NAEC's website to meet these requirements.
- An acceptable protocol document is any document that includes the protocol information, such as a center manual, screenshots from your electronic medical record or order sets. When uploading these files, use a descriptive name that clearly identifies the protocol. Please clearly annotate where each protocol may be found if the protocol type is not included in the page title.
- The center should also upload a letter signed by the center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager with a date in 2026 that states that the center leadership has reviewed the protocols, they are current, and they are being followed by the center.

Protocol Type	Uploaded?
1. Examination of speech, memory, level of consciousness and motor function during and following a seizure. *Protocol should mention testing availability in other languages besides English. Protocol should discuss process for giving feedback to staff on accuracy and timing of testing*.	
2. Measures to be taken if number, duration, or severity of seizures observed is excessive, including number or duration of seizures requiring physician notification. *Protocol should specifically mention medication(s) and dosage, and when a clinician should be at the bedside to assess patients. *Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses for both IV and non IV options.*	
3. Medication reduction to increase seizure yield. *Protocol should specifically mention patient/family counseling regarding risk of medication reduction, guidelines for restarting medication prior to EMU discharge, and measures taken to reduce risk (e.g. requiring IV access).*	
4. Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes. *Protocol should specifically mention frequency of dressing changes for invasive electrodes and use of prophylactic antibiotics.* Level 3 centers do not need to upload this protocol.	
5. Management of status epilepticus and seizures in hospitalized patients. *Protocol should specifically mention medication(s), dosage, and timing as well as both IV and non-IV*	

*option. Protocol should include timing of treatment. For example: At 5 min, treat with benzodiazepine. At 10 min repeat the dose. At 20 min, give next-line medicine. *If center treats children, include age/weight appropriate doses. Protocol should specify when a clinician should be at the bedside to assess patients.*	
6. Verbal and written patient and caregiver education in preparation for EMU admission. *Protocol should include all logistics for admission (date, time, location) and a contact name and number, along with information on what to expect and what patient should bring to hospital for the EMU stay.*	
7. Identification of patients who would most likely benefit from genetic testing, even if their seizures are well controlled. *Protocol should provide guidance in identifying appropriate patients for genetic testing, which may include age of onset, epilepsy type, comorbidities that trigger testing and family history of epilepsy; the workflow for testing and counseling if done at center or referral, and steps for sharing results with patients and referring physicians.*	
8. Nursing procedure for patient communication utilizing telephone and virtual healthcare access services with prompt response to patient concerns for outpatients. *Protocol should differentiate patient requests that need immediate attention, response needed that day, response needed within 3-days – a week.*	
9. Diagnosis and follow-up planning for patients with PNEE that involves both epileptologists and mental health providers. *Protocol should explain how patients are evaluated and the PNEE diagnosis is confirmed; that a psycho/social evaluation or a referral for such evaluation is provided and that a referral for therapy is provided. Protocol should include that patient education on the diagnosis is provided.*	
10. Inventory of patient education materials. *The inventory must include (but not limited to): seizure first aid, SUDEP, functional seizures, seizure risks and seizure precautions, seizure detection devices, driving, medication management and patient assistance programs, management of women with epilepsy with childbearing potential, and transition of care. The inventory document should include details for how each item is shared with patients (such as via links, an after-visit summary, EMR dot phrases, etc.).*	
11. Pediatric/Adult Transition of Care *Pediatric centers should upload their workflow for how they prepare patients to transition and how they accomplish transition to adult care. Adult centers should upload their workflow for how they incorporate patients transitioning from pediatric care.*	
12. Letter signed by center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager with a date in 2027 that states that the center leadership has reviewed the protocols, they are current, and they are being followed by the center.	

EMU Policy

- To meet the EMU criteria, centers must **upload an EMU policy document that addresses compliance with all criteria:**
    1. Designated hospital beds where video and EEG data is captured and sent to a central location
    2. Remote-control video cameras with 24/7 recording available (not a fixed camera)
    3. Trained personnel dedicated 24/7 to monitoring video and EEG-someone trained in seizure recognition and recording integrity. (Not necessarily required to be traditional EEG technologist)
    4. EMU safety-trained inpatient nurses

5. Epilepsy-specific staff training and protocols for seizure safety
6. Clinical decision-making by an epileptologist

- Centers are asked to provide this information in a concise document (only a few pages). **If longer center manuals are uploaded, they MUST be highlighted and annotated with locations of specific information identified.**
- The EMU Policy must be signed by center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager with a date in 2027

EMU Policy Required Elements	**Uploaded**?
Documentation of dedicated single location for EMU admissions staffed by epilepsy-trained nurses and nursing assistants.	
Documentation of remote-control video cameras with 24/7 recording available (not a fixed camera)	
Documentation of in-person presence of the center medical director at the center	
Documentation of in-person presence of center epileptologists providing inpatient and outpatient care in the EMU and clinic	
Documentation of 24/7 access to clinicians to respond to respond to concerns identified during monitoring and to seizure activity	
Documentation of video continuously monitored and adequate staffing to ensure 24/7/365 coverage. (NAEC does not require a specific ratio of patients to monitor watchers)	
Monitor watchers should be either in a central location in hospital or can be off-site. In all cases, the watchers must have direct access to EMU EEG technologists, nurses and physician with data readily accessible to physician reviewer in real-time.	
Documentation of epilepsy-specific staff training and protocols for seizure safety. *Must discuss of how all staff – physicians, EEG technologists, nurses, monitor watchers, and any other relevant staff people – are trained on how to observe safety protocols. Training must be age-appropriate for the patient community served by the center. EEG Techs, EMU Nurses, and Monitor Watchers should receive training in seizure recognition and patient safety - Seizure semiology, seizure safety, center-specific protocol education and implementation. Centers should indicate frequency of continuing education on these topics.*	
EMU Policy must be signed by center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager with a date in 2027	
Verification that EMU reports, including invasive monitoring reports, are signed by an epileptologist to show that EMU clinical decision-making is done by an epileptologist.	